## BEST AVAILABLE COPY

Barbara Campbell National Stage Processing (703) 305-3831

	Application														
PATENT APPLICATION FEE DETERMINATION RE								Application or Docket Number 09/890487							
Effective October 1, 2000  CLAIMS AS FILED - PART I								-	0	9/	8	904	87		
ļ,					D - PART I mn 1) (Column 2)				SMALL ENTITY OTHER TI						
TOTAL CLAIMS						olumn 2)	7	TYPE			OR	SMAL	LLENTITY		
FOR			NUMB	ER FILED	NUI	MBER EXTRA	-	RAT BASIC	<del>-</del>	EE		RATE		Ē	
TOTAL CHARGEABLE CLAIMS			10	minus 20=			1	<b> </b>			OR	BASIC F	EE 100	<u>火</u>	
INDEPENDENT CLAIMS			2;	minus 3 =	•		1	X\$ 9=			OR	X\$18=	:		
MULTIPLE DEPENDENT CLAIM PE			PRESENT					X40=			OR	X80=			
" If the di	fferenc	e in column 1	is less than	7010 onto	#O* :-		•	+135=	-	c	OR	+270=			
•		CLAIMS AS				column 2	•	TOTAL			)R	TOTAL	tion		
		(Column 1)	WINIE MOR	Colum		(Column 0)		CAAAI				OTHE	R THAN	<u>~</u>	
T A		CLAIMS REMAINING		HIGHE	ST	(Column 3)	Г	SMAL	L ENTIT		R F	SMALL	ENTITY	_	
Total Indepe		AFTER AMENDMENT	31.5 - 175 V	DDE:	JSLY	PRESENT EXTRA		RATE	TION	AL		RATE	ADD! TIONA		
O Total	<del></del> _	1. 10	Minus	20	1	=	1	X\$ 9=	FEE		ŀ	V040	FEE	4	
Indepe		NTATION OF A	Minus	3	}	=	•	X40=	+		R	X\$18=	<del>                                     </del>	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							F		1/		7	X80≃		4	
						(	L	+135= TOTAK	<u>/_</u>	OF	`L	+270=/			
(Column 1) (Column 2) (Column							Α(	DIT. FEE		OF	3A F	TOTAL OUT, FEE		]	
20		CLAIMS REMAINING	20-1/2	HIGHES	T	(Column 3)	Г		ADDI	<b>—</b>	4				
Z		AFTER AMENDMENT		PREVIOU PAID FO	SLY	PRESENT EXTRA		RATE	TIONA			RATE	ADDI- TIONAL		
Total Independent		.10	Minus	.20		=	-	X\$ 9=	FEE	-	$\vdash$		FEE	┨	
< <del></del>		2	Minus	<	2	=	-		-=	OF	` -	X\$18=		1	
1	nese:	NTATION OF M	ULTIPLE DE	PENDENT C	LAIM		$\vdash$	X40=		_OR	Ľ	X80≃		‡	
							Ŀ	135=		OR	L	<b>-270</b> =			
		(Column 1)		<b>10</b> -1 .			AD	TOTAL DIT. FEE	L	OR	AD	TOTAL DIT. FEE		]	
1 300		CLAIMS REMAINING	- 29 AL	(Columni HIGHES		(Column 3)	_			_					
er Skyer i	<u>.</u>	AFTER AMENDMENT	14 Str. 1844	NUMBER PREVIOUS PAID FOI	LY	PRESENT EXTRA	F	RATE	ADDI- TIONAL	.]	Γ,	RATE	ADDI- TIONAL	1	
Total		(1)	Minus	. 19	•	= /	1		FEE	-	L		FEE		
Independ		. 2	Minus	3		= /	-	(\$ 9=		OR	Ľ	\$18=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							L	(40=		OR	[]	(80=			
If the entry i	in columi	n 1 is less than the ber Previously Pai	e entry in colur	TAN 2. Write "O"	in colo	ma 3	+	135≖		OR	+:	270=			
" UNO "High	ect Name	har Ossailer at a		TOTAL T. FEE		OR	ADD	TOTAL IT. FEE	/						
		er Previously Paid	For (Total or	Independent) i	s the h	ighest number to	und is	n the appr	opriate bo	x in col	umn	1.			